

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001326</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/20/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>ORTHOPAEDIC SURGERY CENTER AT BRYN MAWR HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>135 SOUTH BRYN MAWR AVENUE, SUITE 400 BRYN MAWR, PA 19010</b>			
STATE LICENSE NUMBER: <b>24551501</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

Pennsylvania Department of Health

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S 0000	Continued from page 1  This report is the result of an occupancy survey conducted on April 20, 2023, at Orthopaedic Surgery Center at Bryn Mawr Hospital, which included Additional Spinal Procedures - Anterior Cervical Discectomy with Fusion - 1 Level, Lumbar Fusion - 1 Level, Minimally Invasive Transforaminal Lumbar Interbody Spine Fusion - 1 Level, Lumbar spine fusion combined PLIF and Posterolateral Lumbar Fusion - 1 Level, Minimally Invasive Transforaminal Lumbar Interbody Fusion, Cervical Disc Arthroplasty, Minimally Invasive SI Joint Fusion, SI Joint Fusion - open, Lumbar Disc Arthroplasty, Lumbar Under Posterior Extradural Laminotomy or Laminectomy, Cervical Laminotomy with decompression of Nerve Root, Cervical Laminectomy with decompression of Nerve Root, and Far Lateral Microdiscectomy. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition	S 0000			

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S 0000	Continued from page 2  of the Guidelines for Design and Construction of Outpatient Facilities.	S 0000			



# Certified End Page

**ORTHOPAEDIC SURGERY CENTER AT BRYN MAWR HOSPITAL**

**STATE LICENSE NUMBER: 24551501**

**SURVEY EXIT DATE: 04/20/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY